



WSSU

**WINSTON-SALEM STATE UNIVERSITY
Graduate Council**

Form for Change in Course Title, Course Hours, Number or Level

- New Course***
- Combined Course***
- Course Revision***
- Discontinued Course***

Department: _____ **Date:** _____
Current Title of Course: _____ **Course Number:** _____
New Title of Course _____ **New Course Number (Registrar):** _____
Current Credit Hours: _____ **New Credit Hours:** _____ **Current Level:** _____ **New Level:** _____
Effective Date: _____

Pre-requisites: _____
New Course Description: _____

Justification:

Department Goal(s) this request supports:

Student Learning Outcome(s):

Indicate the data or evidence that was used to recommend a new course or change in existing course(s).

Approvals:

Departmental Faculty or Curriculum Committee: _____ Date: _____
 Chairperson: _____ Date: _____
 Dean: _____ Date: _____

Other Approvals That May Be Required For Specific Curriculum Changes:

Teacher Education Committee: _____ Date: _____
 General Education Core Committee: _____ Date: _____
 Chairperson of Department Directly Impacted by Change: _____ Date: _____
 Dean of College/School Directly Impacted by Change: _____ Date: _____

Academic Standards and Curriculum Committee

Action: _____ Date: _____

Approval (Committee Chair): _____ Date: _____
 Approval (Provost and VC for Academic Affairs): _____ Date: _____
 Action Completed by Registrar: _____ Date: _____

Completed form filed by Registrar and Academic Affairs. Registrar sends copy to Institutional Effectiveness & Planning and posts on intranet.